

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008380

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1688

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 16 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b  
5 d

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Alexian Bros.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
4250A Michigan Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First John

Middle

Last Lie ber

4. DATE OF DEATH

Month 2 Day 7 Year 62

5. SEX  
M

6. COLOR OR RACE  
W

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
9/29/1876

9. AGE (last birthday)  
85

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
oiler

10b. KIND OF BUSINESS OR INDUSTRY  
Busch

11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Edward

13b. MOTHER'S MAIDEN NAME

Mary Roesch

14. NAME OF HUSBAND OR WIFE

Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Harry Lieber

5638 NEOSHO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE

Ac Peritonitis from rupt colon  
abscess Rt Kidney

INTERVAL BETWEEN ONSET AND DEATH

2 day  
1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Nov 1 1961

to Feb 8 1962

and last saw her alive on

Feb 7 - 1962

Death occurred at

LP

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. H. Walters M.D.

22b. ADDRESS

3608 Grand St. Louis 18 2/8/62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

removal

2/10/62

SunSet Burial Park

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Schumacher 3013 Meramec

25. DATE RECD. BY LOCAL REG.

FEB 9 1962

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.